

<i>SERFF Tracking Number:</i>	<i>TRVD-125825310</i>	<i>State:</i>	<i>Arkansas</i>
<i>First Filing Company:</i>	<i>NIPPONKOA Insurance Company</i>	<i>State Tracking Number:</i>	<i>EFT \$50</i>
	<i>Ltd.,(U.S.Branch), ...</i>		
<i>Company Tracking Number:</i>	<i>2008-09-0074-F</i>		
<i>TOI:</i>	<i>01.0 Property</i>	<i>Sub-TOI:</i>	<i>01.0001 Commercial Property (Fire and Allied Lines)</i>
<i>Product Name:</i>	<i>Commercial Property Rule and Form ISO Non-Adoption</i>		
<i>Project Name/Number:</i>	<i>Commercial Property Rule and Form ISO Non-Adoption/2008-09-0074-F</i>		

Filing at a Glance

Companies: NIPPONKOA Insurance Company Ltd.,(U.S.Branch), The Charter Oak Fire Insurance Company, The Phoenix Insurance Company, The Travelers Indemnity Company, The Travelers Indemnity Company of America, The Travelers Indemnity Company Of Connecticut, Travelers Property Casualty Company of America

Product Name: Commercial Property Rule and Form ISO Non-Adoption
 SERFF Tr Num: TRVD-125825310 State: Arkansas

TOI: 01.0 Property	SERFF Status: Closed	State Tr Num: EFT \$50
Sub-TOI: 01.0001 Commercial Property (Fire and Allied Lines)	Co Tr Num: 2008-09-0074-F	State Status: Fees verified and received
Filing Type: Form	Co Status:	Reviewer(s): Betty Montesi, Llyweyia Rawlins
	Authors: Brenda Dinnald, Diana Grodotzke	Disposition Date: 09/25/2008
	Date Submitted: 09/24/2008	Disposition Status: Non-Adoption
Effective Date Requested (New): 11/01/2008		Effective Date (New): 11/01/2008
Effective Date Requested (Renewal): 11/01/2008		Effective Date (Renewal): 11/01/2008

State Filing Description:

General Information

Project Name: Commercial Property Rule and Form ISO Non-Adoption	Status of Filing in Domicile: Not Filed
Project Number: 2008-09-0074-F	Domicile Status Comments: N/A
Reference Organization: ISO	Reference Number: CF-2007-OFR07
Reference Title: Commercial Property Coverage Part Revisions	Advisory Org. Circular: LI-CF-2008-059
Filing Status Changed: 09/25/2008	
State Status Changed: 09/25/2008	Deemer Date:
Corresponding Filing Tracking Number: N/A	
Filing Description:	

<i>SERFF Tracking Number:</i>	<i>TRVD-125825310</i>	<i>State:</i>	<i>Arkansas</i>
<i>First Filing Company:</i>	<i>NIPPONKOA Insurance Company</i>	<i>State Tracking Number:</i>	<i>EFT \$50</i>
	<i>Ltd.,(U.S.Branch), ...</i>		
<i>Company Tracking Number:</i>	<i>2008-09-0074-F</i>		
<i>TOI:</i>	<i>01.0 Property</i>	<i>Sub-TOI:</i>	<i>01.0001 Commercial Property (Fire and Allied Lines)</i>
<i>Product Name:</i>	<i>Commercial Property Rule and Form ISO Non-Adoption</i>		
<i>Project Name/Number:</i>	<i>Commercial Property Rule and Form ISO Non-Adoption/2008-09-0074-F</i>		

In compliance with the insurance laws and regulations of your state, we respectfully submit the following.

The Insurance Services Office has filed on our behalf a revision to Commercial Property Forms, under ISO Filing Designation Number CF-2007-OFR07.

This letter is to advise you of our intent to non-adopt this filing.

Your approval of this filing will be appreciated. Should you have any questions regarding this submission, please feel free to contact me at your convenience.

Company and Contact

Filing Contact Information

Brenda Dinnald, Regulatory Analyst	BDINNALD@travelers.com
One Tower Square	(860) 277-4444 [Phone]
Hartford, CT 06183	(860) 277-9730[FAX]

Filing Company Information

NIPPONKOA Insurance Company	CoCode: 27073	State of Domicile: New York
Ltd.,(U.S.Branch)		
One Tower Square	Group Code: 2558	Company Type:
Hartford, CT 06183	Group Name:	State ID Number:
(860) 277-6470 ext. [Phone]	FEIN Number: 98-0032627	

The Charter Oak Fire Insurance Company	CoCode: 25615	State of Domicile: Connecticut
One Tower Square	Group Code: 3548	Company Type:
Hartford, CT 06183	Group Name:	State ID Number:
(860) 277-6470 ext. [Phone]	FEIN Number: 06-0291290	

The Phoenix Insurance Company	CoCode: 25623	State of Domicile: Connecticut
One Tower Square	Group Code: 3548	Company Type:
Hartford, CT 06183	Group Name:	State ID Number:
(860) 277-6470 ext. [Phone]	FEIN Number: 06-0303275	

<i>SERFF Tracking Number:</i>	<i>TRVD-125825310</i>	<i>State:</i>	<i>Arkansas</i>
<i>First Filing Company:</i>	<i>NIPPONKOA Insurance Company</i>	<i>State Tracking Number:</i>	<i>EFT \$50</i>
	<i>Ltd.,(U.S.Branch), ...</i>		
<i>Company Tracking Number:</i>	<i>2008-09-0074-F</i>		
<i>TOI:</i>	<i>01.0 Property</i>	<i>Sub-TOI:</i>	<i>01.0001 Commercial Property (Fire and Allied Lines)</i>
<i>Product Name:</i>	<i>Commercial Property Rule and Form ISO Non-Adoption</i>		
<i>Project Name/Number:</i>	<i>Commercial Property Rule and Form ISO Non-Adoption/2008-09-0074-F</i>		

The Travelers Indemnity Company	----- CoCode: 25658	State of Domicile: Connecticut
One Tower Square	Group Code: 3548	Company Type:
Hartford, CT 06183	Group Name:	State ID Number:
(860) 277-6470 ext. [Phone]	FEIN Number: 06-0566050	

The Travelers Indemnity Company of America	----- CoCode: 25666	State of Domicile: Connecticut
One Tower Square	Group Code: 3548	Company Type:
Hartford, CT 01683	Group Name:	State ID Number:
(860) 277-6470 ext. [Phone]	FEIN Number: 58-6020487	

The Travelers Indemnity Company Of Connecticut	----- CoCode: 25682	State of Domicile: Connecticut
One Tower Square	Group Code: 3548	Company Type:
Hartford, CT 06183	Group Name:	State ID Number:
(860) 277-6470 ext. [Phone]	FEIN Number: 06-0336212	

Travelers Property Casualty Company of America	----- CoCode: 25674	State of Domicile: Connecticut
One Tower Square	Group Code: 3548	Company Type:
Hartford, CT 06183	Group Name:	State ID Number:
(860) 277-6470 ext. [Phone]	FEIN Number: 36-2719165	

SERFF Tracking Number: TRVD-125825310 State: Arkansas

First Filing Company: NIPPONKOA Insurance Company State Tracking Number: EFT \$50
 Ltd.,(U.S.Branch), ...

Company Tracking Number: 2008-09-0074-F

TOI: 01.0 Property Sub-TOI: 01.0001 Commercial Property (Fire and Allied Lines)

Product Name: Commercial Property Rule and Form ISO Non-Adoption

Project Name/Number: Commercial Property Rule and Form ISO Non-Adoption/2008-09-0074-F

Filing Fees

Fee Required? Yes

Fee Amount: \$50.00

Retaliatory? No

Fee Explanation: Flat Fee

Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
NIPPONKOA Insurance Company Ltd.,(U.S.Branch)	\$50.00	09/24/2008	22695818
The Charter Oak Fire Insurance Company	\$0.00	09/24/2008	
The Phoenix Insurance Company	\$0.00	09/24/2008	
The Travelers Indemnity Company	\$0.00	09/24/2008	
The Travelers Indemnity Company of America	\$0.00	09/24/2008	
The Travelers Indemnity Company Of Connecticut	\$0.00	09/24/2008	
Travelers Property Casualty Company of America	\$0.00	09/24/2008	

SERFF Tracking Number:	TRVD-125825310	State:	Arkansas
First Filing Company:	NIPPONKOA Insurance Company Ltd.,(U.S.Branch), ...	State Tracking Number:	EFT \$50
Company Tracking Number:	2008-09-0074-F		
TOI:	01.0 Property	Sub-TOI:	01.0001 Commercial Property (Fire and Allied Lines)
Product Name:	Commercial Property Rule and Form ISO Non-Adoption		
Project Name/Number:	Commercial Property Rule and Form ISO Non-Adoption/2008-09-0074-F		

Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Non-Adoption Llyweyia Rawlins		09/25/2008	09/25/2008

<i>SERFF Tracking Number:</i>	<i>TRVD-125825310</i>	<i>State:</i>	<i>Arkansas</i>
<i>First Filing Company:</i>	<i>NIPPONKOA Insurance Company</i>	<i>State Tracking Number:</i>	<i>EFT \$50</i>
	<i>Ltd.,(U.S.Branch), ...</i>		
<i>Company Tracking Number:</i>	<i>2008-09-0074-F</i>		
<i>TOI:</i>	<i>01.0 Property</i>	<i>Sub-TOI:</i>	<i>01.0001 Commercial Property (Fire and Allied Lines)</i>
<i>Product Name:</i>	<i>Commercial Property Rule and Form ISO Non-Adoption</i>		
<i>Project Name/Number:</i>	<i>Commercial Property Rule and Form ISO Non-Adoption/2008-09-0074-F</i>		

Disposition

Disposition Date: 09/25/2008
Effective Date (New): 11/01/2008
Effective Date (Renewal): 11/01/2008
Status: Non-Adoption
Comment:

Rate data does NOT apply to filing.

Overall Rate Information for Multiple Company Filings

Overall Percentage Rate Indicated For This Filing	0.000%
Overall Percentage Rate Impact For This Filing	0.000%
Effect of Rate Filing-Written Premium Change For This Program	\$0
Effect of Rate Filing - Number of Policyholders Affected	0

<i>SERFF Tracking Number:</i>	<i>TRVD-125825310</i>	<i>State:</i>	<i>Arkansas</i>
<i>First Filing Company:</i>	<i>NIPPONKOA Insurance Company</i>	<i>State Tracking Number:</i>	<i>EFT \$50</i>
	<i>Ltd.,(U.S.Branch), ...</i>		
<i>Company Tracking Number:</i>	<i>2008-09-0074-F</i>		
<i>TOI:</i>	<i>01.0 Property</i>	<i>Sub-TOI:</i>	<i>01.0001 Commercial Property (Fire and Allied Lines)</i>
<i>Product Name:</i>	<i>Commercial Property Rule and Form ISO Non-Adoption</i>		
<i>Project Name/Number:</i>	<i>Commercial Property Rule and Form ISO Non-Adoption/2008-09-0074-F</i>		

Item Type	Item Name	Item Status	Public Access
Supporting Document	Uniform Transmittal Document-Property &Non-adoption Casualty		Yes

<i>SERFF Tracking Number:</i>	<i>TRVD-125825310</i>	<i>State:</i>	<i>Arkansas</i>
<i>First Filing Company:</i>	<i>NIPPONKOA Insurance Company</i>	<i>State Tracking Number:</i>	<i>EFT \$50</i>
	<i>Ltd.,(U.S.Branch), ...</i>		
<i>Company Tracking Number:</i>	<i>2008-09-0074-F</i>		
<i>TOI:</i>	<i>01.0 Property</i>	<i>Sub-TOI:</i>	<i>01.0001 Commercial Property (Fire and Allied Lines)</i>
<i>Product Name:</i>	<i>Commercial Property Rule and Form ISO Non-Adoption</i>		
<i>Project Name/Number:</i>	<i>Commercial Property Rule and Form ISO Non-Adoption/2008-09-0074-F</i>		

Rate Information

Rate data does NOT apply to filing.

SERFF Tracking Number: TRVD-125825310 *State:* Arkansas
First Filing Company: NIPPONKOA Insurance Company *State Tracking Number:* EFT \$50
Ltd.,(U.S.Branch), ...
Company Tracking Number: 2008-09-0074-F
TOI: 01.0 Property *Sub-TOI:* 01.0001 Commercial Property (Fire and Allied
Lines)
Product Name: Commercial Property Rule and Form ISO Non-Adoption
Project Name/Number: Commercial Property Rule and Form ISO Non-Adoption/2008-09-0074-F

Supporting Document Schedules

Satisfied -Name: Uniform Transmittal Document- **Review Status:** Non-adoption 09/25/2008
Property & Casualty

Comments:

Attachments:

AR NAIC Transmittal Doc.pdf

AR NAIC Form Filing Schedule.pdf

Property & Casualty Transmittal Document

1. Reserved for Insurance Dept. Use Only	2. Insurance Department Use only	
	a. Date the filing is received:	
	b. Analyst:	
	c. Disposition:	
	d. Date of disposition of the filing:	
	e. Effective date of filing:	
	New Business	
	Renewal Business	
	f. State Filing #:	
	g. SERFF Filing #:	
h. Subject Codes		

3. Group Name	Group NAIC #
The Travelers Companies, Inc.	3548
NIPPONKOA Insurance Company, Ltd. (U.S. Branch)	2558

4. Company Name(s)	Domicile	NAIC #	FEIN #	State #
The Travelers Indemnity Company	CT	25658	06-0566050	
The Charter Oak Fire Insurance Company	CT	25615	06-0291290	
The Travelers Indemnity Company of Connecticut	CT	25682	06-0336212	
The Travelers Indemnity Company of America	CT	25666	58-6020487	
The Phoenix Insurance Company	CT	25623	06-0303275	
Travelers Property Casualty Company of America	CT	25674	36-2719165	
NIPPONKOA Insurance Company, LTD.	NY	27073	98-0032627	

5. Company Tracking Number	2008-09-0074-F
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Contact Info of Filer(s) or Corporate Officer(s) [include toll-free number]

6. Name and address	Title	Telephone #s	FAX #	e-mail
Brenda Dinnald One Tower Square, 8MN Hartford, CT 06183	Regulatory Analyst	(860) 277-4444	(860) 277-9730	bdinnald@travelers.com
7. Signature of authorized filer		<i>Brenda Dinnald</i>		
8. Please print name of authorized filer		Brenda Dinnald		

Filing information (see General Instructions for descriptions of these fields)

9. Type of Insurance (TOI)	01.0
10. Sub-Type of Insurance (Sub-TOI)	01.0001
11. State Specific Product code(s) (if applicable)[See State Specific Requirements]	N/A
12. Company Program Title (Marketing title)	N/A
13. Filing Type	<input type="checkbox"/> Rate/Loss Cost <input type="checkbox"/> Rules <input type="checkbox"/> Rates/Rules <input checked="" type="checkbox"/> Forms <input type="checkbox"/> Combination Rates/Rules/Forms <input type="checkbox"/> Withdrawal <input type="checkbox"/> Other (give description)
14. Effective Date(s) Requested	New: 11/01/2008 Renewal: 11/01/2008
15. Reference Filing?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
16. Reference Organization (if applicable)	ISO
17. Reference Organization # & Title	CF-2007-OFR07
18. Company's Date of Filing	09/24/2008
19. Status of filing in domicile	<input checked="" type="checkbox"/> Not Filed <input type="checkbox"/> Pending <input type="checkbox"/> Authorized <input type="checkbox"/> Disapproved

Property & Casualty Transmittal Document—

20.	This filing transmittal is part of Company Tracking #	2008-09-0074-F
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21.	Filing Description [This area can be used in lieu of a cover letter or filing memorandum and is free-form text]
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In compliance with the insurance laws and regulations of your state, we respectfully submit the following.

The Insurance Services Office has filed on our behalf a revision to Commercial Property Forms, under ISO Filing Designation Number CF-2007-OFR07.

This letter is to advise you of our intent to non-adopt this filing.

Your approval of this filing will be appreciated. Should you have any questions regarding this submission, please feel free to contact me at your convenience.

22.	Filing Fees (Filer must provide check # and fee amount if applicable) [If a state requires you to show how you calculated your filing fees, place that calculation below]
<p>Check #: N/A - EFT Amount: \$50.00</p> <p>Refer to each state's checklist for additional state specific requirements or instructions on calculating fees.</p>	

*****Refer to the each state's checklist for additional state specific requirements (i.e. # of additional copies required, other state specific forms, etc.)**

FORM FILING SCHEDULE

(This form must be provided ONLY when making a filing that includes forms)
 (Do not refer to the body of the filing for the forms listing, unless allowed by state.)

1.	This filing transmittal is part of Company Tracking #		2008-02-0074F		
2.	This filing corresponds to rate/rule filing number (Company tracking number of rate/rule filing, if applicable)		N/A		
3.	Form Name /Description/Synopsis	Form # Include edition date	Replacement or Withdrawn?	If replacement, give form # it replaces	Previous state filing number, if required by state
01	N/A - Non-Adopt	N/A - Non-Adopt	<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
02			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
03			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
04			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
05			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
06			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
07			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
08			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
09			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
10			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		